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SANTANGELO Law Offices, P.C.
125 S. Howes, 3rd Floor
Fort Collins, CO 80521
(970) 224-3100 FAX (970) 224-3175
e-mail ideas@IdeaAssetGroup.com

AUG 15 2007

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TO: Finance Department

FAX: 571-273-8300 **TELEPHONE:**

FROM: Patricia Sortino
DATE: August 15, 2007

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LETTER OF FACSIMILE TRANSMITTAL

| | |
|---------------------|---|
| Application Number: | 10/701,660 |
| Applicants: | William I. Stopperan and Troy M. Bryan |
| Filed: | November 4, 2003 |
| Title: | Novel Identification Method and Apparatus |
| Assignee:: | Western Pathology Consultants, Inc. |
| Attorney Docket:: | WPCI-NonProv |
| Customer No.: | 33549 |
| Art Unit: | 2876 |
| Examiner: | Labaze, Edwyn |

I wish to make the payment due in the amount of \$400.00 for additional claims. Please find the following credit card form to the payment.

Please confirm receipt of the documents by return facsimile indicating the date of receipt and application number.

I have this 15 day of August, 2007,

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